

008227 F2FS/60

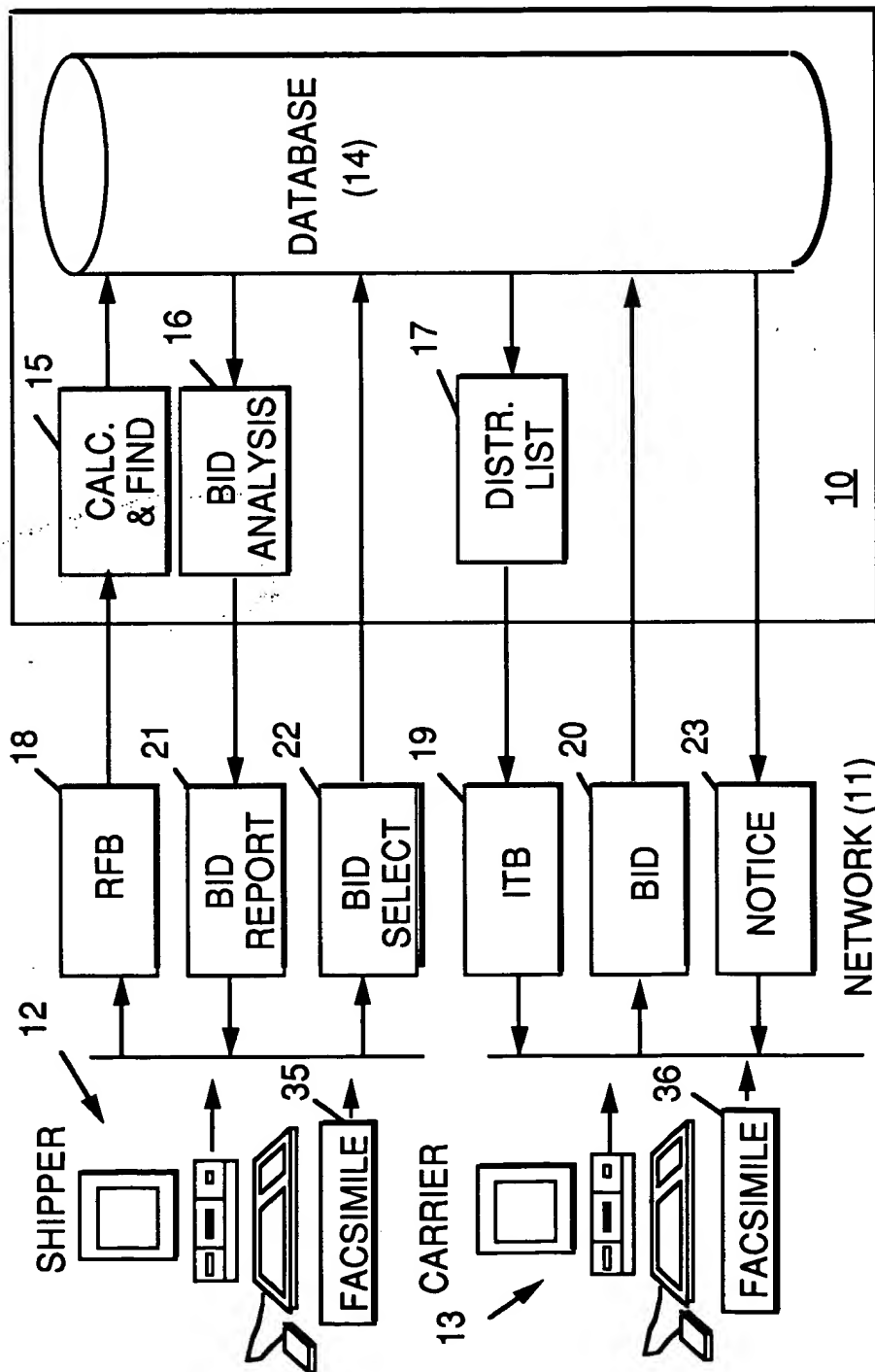


FIG. 1

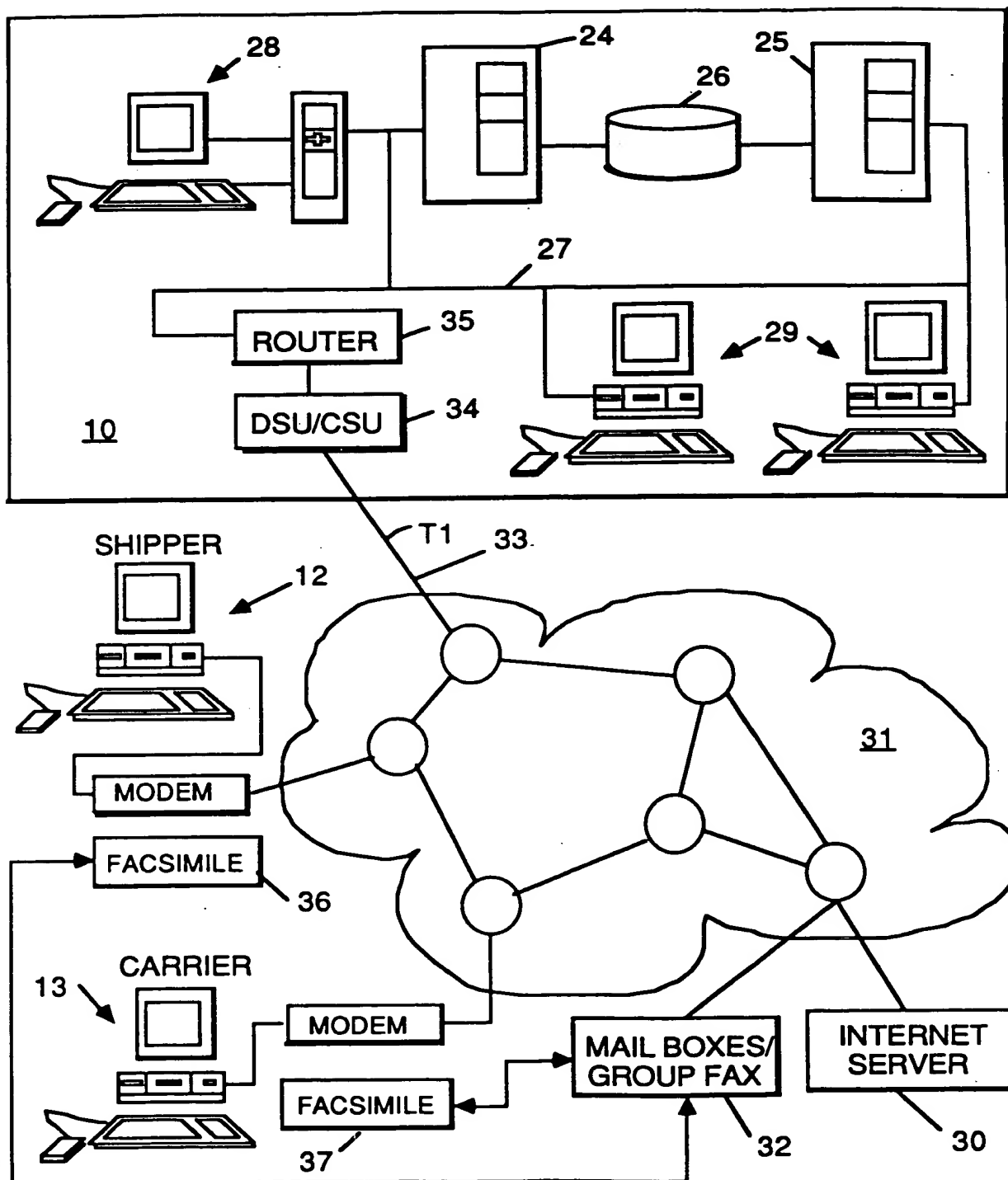


FIG. 2

Load Description

45

Commodity being Shipped		Last Accepted Bid Date & Time (24 Hr Local) MM/DD/YY HH:MM	
<input type="text"/>		<input type="text"/>	
Shipper Load ID		Date Carrier Must Hold Bid Until MM/DD/YY HH:MM	
<input type="text"/>		<input type="text"/>	
Weight of the Load Both weight and units		Pallet Exchange?	
<input type="text"/>		<input type="checkbox"/>	
Number of Times to Ship Load		Number of Pallets	
1 <input type="text"/> *		<input type="text"/>	
Maximum Bid Amount (US\$)		Hide Max Bid from Carrier	
<input type="text"/>		<input type="checkbox"/>	
Matching Method		Distribution List Code	
Normal Matching <input type="text"/>		<input type="text"/>	

*Please explain Loads that are to be shipped more than once in the Description/Directions Box

Load Destinations

46

Origin	City	State	Country	Zip or Postal Code	Pickup/Delivery (MM/DD/YY)	Time (24 Hr Local) HH:MM	Pls (Eir/Min)	Mins (Eir/Min)
Destin	<input type="text"/>	AL <input type="text"/>	USA <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stops Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fig. 3a

Carrier Requirements

47

Load Type		Transport Mode			Interlining Allowed	Communications	Hazardous License Required
<input type="checkbox"/> TL	<input type="checkbox"/> LTL	<input type="checkbox"/> Air	<input type="checkbox"/> Rail	<input type="checkbox"/> Ship	<input type="checkbox"/> Truck	NA	NA
<input type="checkbox"/> CL	<input type="checkbox"/> LCL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team Drivers	Will the Driver Assist?
		N/A		<input type="checkbox"/> Yes		Minimum Cargo Insurance	

Equipment Requirements

48

Is the Equipment Supplied?	Equipment Class	Equipment Type
<input type="checkbox"/> Yes	Trailer	N/A
<input type="checkbox"/> No	Equipment Length	Equipment Width
N/A	N/A	N/A

Add any further description/directions Here:

49

Fig. 3b

Origin Company :

Street Address:

City, State, Zip :

Telephone, Fax :

Contact Name :

Destin. Company :

Street Address:

City, State, Zip :

Telephone, Fax :

Contact Name :

Other Details:


Click Here when Done.

Click Here to Clear the Form

43

44

IATN: Load Matching - Freight Matching - Freight Bidding - Netscape
File Edit View Go Communications Help
Back Forward Reload Home Search Netscape Print Security Stop
Bookmarks Location http://www.iatn.com/Tour/Shipper_Demo.html
Instant Message WebMail People Yellow Pages Download New & Cool Channels
What's Related


IATN, Inc.

Complete Request For Bid Demo

Last Accepted Bid Date
Carrier Must Hold Until Date

Last Accepted Bid Time
Carrier Must Hold Until Time

Additional Information
Enter Additional Information Below

Transport Mode

Either/OR

Air

Rail

Ship

Truck

☐
☐
☐
☐
☐
☐

Carrier Qualifications
Additional Information

Add Equipment

Unsigned Java Applet Window

OK Cancel Clear

Start IATN: Load Matching
untitled - Paint
3:59 PM

Fig. 3e

008221" T2T6

N Carrier Qualifications Screen

Min. On-Time Delivery(%) Min. Damage-Free Delivery(%)

Min. DOT Rating Min. Trans/Log Rating

Min. Cargo Min. Auto Liability Min. General Liability Min. Excess Liability Min. Combined

Min. AM Best Min. Size

Carrier Area	Min	Max	Carrier Annual Revenue	# of Carrier Employees	or Carrier Class
Carrier Area	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="50,000,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Carrier Country	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="0"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Driver Safety Program	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="100,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Communications	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="500,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="1,000,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="5,000,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="10,000,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="50,000,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="100,000,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="500,000,000"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

Union/Non-Union Maintenance Type

Work Comp. Emp. Lib. Interlining Allowed

Carrier Financial Ratings Driver Specifications Carrier Special Services Carrier Authority

OK Cancel Clear

Unsigned Java Applet Window

Add Equipment

Start Microsoft Word - Invent02 IATN Load Matchin United Pant 3:44 PM

Fig. 3j

N Carrier Qualifications Screen

Min. on Time Delivery(%) Min. Damage Free Delivery(%)

N Driver Specifications Screen

Min. Company Load Min. Driver Experience(Years) Max. Driver Moving Violations last 5 years

Min. Car Type Experience(Years) Team Drivers OK Cancel Clear

Min. N/A Max. N/A

Carrier Country Carrier Type Union/Non-Union Maintenance Type

Driver Safety Program Driver Drug Screening Work Comp. Empl. Lab Interlining Allowed

Communications Hazardous License Req

Carrier Financial Ratings Driver Specifications Carrier Special Services Carrier Authority

OK Cancel Clear

Unsigned Java Applet Window

Document: Done

Start Microsoft Word - rvent02 IATN Load Matchin. Untitled - Paint 3:23 PM

Fig. 3k

10002221" T2T" 50

N Carrier Authority Screen

Min. on t

N/A

Min. DO

N/A

Min. Car

N/A

Please click on the states or provinces below to select which states you require bidding carriers to have authority in. Please remember you can pick as many states or provinces as you wish for this particular load even those states or provinces not pertaining to this carriage.

☒ 48 Interstate/Authority

AL	AK	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Canadian Provinces

☐ All 12 Provinces

AB	BC	MB	NB	NE	NS	NW	ON	PE	PQ	SK	YU
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

American carriers have partnerships with Mexican carriers to serve Mexico. If you choose an American carrier, that carrier must interline to deliver your shipment to Mexico. If the carrier you choose does not have a partnership with a Mexican carrier, your shipment must be transloaded at the border. In the event you choose to have your shipment transloaded a forwarding agency must be used.

☐ American Carrier with a Mexican partnership

OK

Cancel

Clear

Unsigned Java Applet Window

Start

Un

Microsoft Word - Invent02

Untitled - Paint

3:33 PM

Fig. 3m

Invitation To Bid

Phone: 1-800-866-LATN Fax:
1-800-952-1194

Trans/log Number: 970501000503672

Please Enter a Bid Amount: US \$

Last Accepted Bid: Monday , 19 April
1999 01:59 PM

Submit Bid

STOPS				Date & Time	Plus	Minus	Miles
Origin	AUSTIN	TX	US	20 Apr 1999 08:00 AM			
Destin	TEXAS CITY	TX	US	21 Apr 1999 05:00 PM			202
Total Mileage (Calculated By PC Miler)							202

SHIPPER INFORMATION

Shipper Type = Independent Shipper	Annual Rev = 245000000	Employee Cnt = 220
D&B = pending	S&P = pending	CCA = pending
Moody's = pending		

LOAD TYPE

Load Information = TL

TRANSPORT MODE

Transport Mode = TRUCK

Trailer Equipment:

Van or Reefer	Len Min = 48	Tandem Type =
Extendible Length Min =	Wheels =	Length Max =
Lift Gate Service =	Extendible Length Max =	Height Max =
Axles =	Trailer Age Max =	Height Min =
Num Of Trailers =	Van Shape =	Width Min = 102
Doors =	Van Type =	

Additional Information

The Commodity to be shipped is GARBAGE BAGS.

The Carrier Must hold this Bid until 3:00:00 PM 04/19/1999.

22 Pallets/Exchange

The Weight of this load is 41,600 LBS.

FIG. 4

File Edit View Go Communicator Help

Back Reload Home Search Netscape Print Security Shop

Bookmarks Location: file:///O:/AUSTRALIA DEMO/AUSTRALIA DEMO2 copy.JPG

Instant Message Members WebMail Connections SmartUpdate Mkiplace

XYZ LOGISTICS COMPANY

XYZ

IATN, Inc.

Sort/Filter He

Java BBS

Simple RFB

Container RF

Equipment

Complete RF

View Best 7

APPLY

DELETE

LOAD

0

0

Origin

Origin St

St Destination

St Pickup Dt

Equip # of Bids

Shipper

AL EQUIP/TULSA

OK MAR-01-2000 V

2-FQ0220001

OR EQUIP/RANDOLPH

NJ FEB-24-2000 V

4-FQ02210002

OR EQUIP/SIOUX FALLS

SD MAR-12-2000 F

1-FQ02210003

KS EQUIP/ANYWHERE

IL MAR-04-2000 R

2-FQ02210004

MN HOUSTON

TX MAR-05-2000 VR

0-FQ02210005

MO JACKSONVILLE

FL MAR-10-2000 V

1-FQ02210006

IA EQUIP/COLUMBUS

OH MAR-14-2000 V

0-FQ02210007

IL EQUIP/ANYWHERE

CO MAR-09-2000 V

2-FQ02210008

WI LOHARD

IL MAR-03-2000 F

3-FQ02210009

RFB - REQUEST

ITB - INVITATION

SUBMITTED TO

BID SUMMARY

BILL OF LADING

ROUTING & MLAGE

COMBINED RFB

SELECTED CARRIER

TRACKING

P.O.D.

ACCOUNT & INVOICE

SAVE

Document: Done

Start

Netscape FastT...

JPEG ima...

Adobe Phot...

untitled - Paint

9:21 PM

Fig. 6

- 2 -

SHIPPER PROFILE

COMPANY NAME _____

ADDRESS _____

BILLING ADDRESS _____

CONTACT PERSON _____

ADDRESS _____

PHONE NO. _____

FAX NO. _____

E-MAIL _____

AUTHORIZATION NO. _____

NONE ☐ FIXED
(4 DIGITS)

☐ ☐ ☐ ☐

VARIABLE ☐

☐

☐

☐

DAILY WEEKLY MO.

APPROX. ANNUAL REVENUE _____

APPROX. NO. OF EMPLOYEES _____

DUN & BRADSTREET

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

MOODYS

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

STANDARD & POOR'S

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

YOUR CO. FUNCTIONS AS:

SHIPPER CARRIER BROKER FWD 3PL

YOUR CO. IS RUN BY:

☐ ☐ ☐ ☐ ☐

FIG. 9

CARRIER PROFILE

COMPANY NAME _____

ADDRESS _____

BILLING ADDRESS _____

CONTACT PERSON _____

ADDRESS _____

PHONE NO. _____

FAX NO. _____

E-MAIL _____

AUTHORIZATION NO.

DAILY WEEKLY MO.

NONE ☐ FIXED ☐ ☐ ☐ ☐ ☐ (4 DIGITS) VARIABLE ☐ ☐ ☐

MEMBER
TYPE

SHIPPER CARRIER BROKER FWD 3PL

INTERLINING

☐
☐
☐
☐
☐
☐
☐

APPROX. ANNUAL
REVENUE _____

APPROX. NO.
OF EMPLOYEES _____

YES

NO

DUN & BRADSTREET

☐
☐
☐
☐
☐
☐
☐
☐

DOT RATING

☐
☐
☐

ON TIME DELIVERY _____ % DAMAGE FREE DELIVERY _____ %

TEAM DRIVERS/ SLEEPERS/INTERNAL MAINT / HAZARDOUS LICENSE

FIG. 10a

DRIVER AND VEHICLE SAFETY INFORMATION									
INSURANCE INFORMATION									
INTERSTATE SERVICE AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CANADA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICES OFFERED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AREA OF CARRIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TYPE OF CARRIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LOAD TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMUNICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

FIG. 10b

		AIR	RAIL	SHIP	TRUCK
INTERMODAL CAPABILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALL COMMODITIES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

[illegible]

FIG. 10c

00922T " T2T5460

Number of trailers: _____

Newest trailer age: _____

Newest trailer age: _____

Straight Truck: _____

TRAILER TYPE		DT DF F →									
LENGTH											
	20										
	26										
	↓										
	57										
WIDTH											
	96										
	102										
	OV										
HEIGHT											
	12/6										
	↓										
	14/6										
SIDES											
WHEELS											
AXLES											
DOORS											
HEATED											
LIFT GATE											
EXTENDIBLES											
TANDEMS											

FIG. 10d

PLEASE PRINT COMPANY RULES AND CHARGES OR PUT "N/A"

ADVANCING CHARGES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Brief Report